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ABSTRACT

More than three million children witness domestic violence each year. School counselors need to understand the dynamics of domestic violence, learn the most effective assessments of violence in the lives of their students, and be familiar with the interventions that can be implemented. External stresses on the family do not appear to influence the mental health of children as much as the internal stresses caused by a dysfunctional, violent family. Counselors may be part of the problem by colluding with the perpetrators of family violence in that they focus on perpetrators' behavior patterns as being caused by social issues. It is time to identify violence at its source, hold perpetrators accountable, and find ways to reach children. Counselors need to enlist the help of others in discovering the extent to which violence has permeated student's lives. Parents need to be held accountable, but also need to learn the tools to help them become more effective in their roles. (Contains 10 references.) (JDM)

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Running Head: THE WITNESSES

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The School Counselor and Student Victims of Domestic Violence

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The Witnesses Walk Your Halls:

The School Counselor and Student Victims of Domestic Violence

A variety of problems are present on school campuses. Students may display behaviors including poor academic performance, aggressions towards others, frequent absences, severe withdrawal, depression, and anxiety. Although these may have numerous explanations or causes, one that is frequently overlooked is the existence and extent of violence in the homes of these students. More than 3.3 million children each year witness domestic violence (Barrett, Blankenship, & Smith, 1998). A staggering 95 percent of marital violence is perpetrated by men (Avis, 1992). A study in Canada showed that in an affluent community in Ontario, nearly 23 percent of all school children had witnessed the "assault of their mothers by their fathers or male partners" (Avis, 1992, p. 226). School counselors need to understand the dynamics of domestic violence, the most effective assessments of this violence in the lives of students, and interventions that can be implemented. Lack of awareness may be the biggest obstacle: in research for this paper, no articles were available pertaining to student victims of domestic violience, nor any abouth the role of the school counselor with these students.

Understanding the cycle of violence

Domestic violence knows no boundaries, crossing the barriers of race, socioeconomic status, and gender. Many statistics to the contrary are based on requests for assistance from shelters and hospitals by those of lower socioeconomic status who have fewer private resources than middle and upper income victims (Barrett, et al., 1998). Additionally, though drug abuse is definitely a factor and can result in more severe injury, not all abusers batter their partners and not all batterers abuse substances. (Barrett, et al.)

Those in violent homes are caught in a cycle that starts with one partner who is jealous, possessive or controlling, who may be "looking" for a fight. Following abuse or violence (that can be physical, verbal, sexual, or emotional), a crisis period ensues that includes remorse, forgiveness, blame, and even acceptance. This then turns to a sense of renewed intimacy between couples, and finally a "business as usual" posture. Over time tension and stress begin to

build again and the cycle continues. The nature of partner violence crosses many domains and can include: control of money; isolation from friends and family; and restriction from pursuing outside interests (jobs or social activities). In addition, the violence can take many forms: intimidation; threats; physical abuse; emotional abuse; and sexual abuse (Barrett, et al., 1998).

Children are often caught in this cycle, either as witnesses or victims themselves. Indeed, they see and hear much of the conflict, experience lower levels of family support and nuturance, and therefore can display adverse effects in both the short-term and over time (McCloskey, Figueredo, & Koss, 1995). External stresses on the family (i.e. poverty) do not appear to influence the mental health of children as much as the internal stresses caused by a dysfunctional, violent family. Furthermore, the mere threat of violence may be enough to profoundly influence coping skills for victims that persist into their adult lives (McCloskey, et al., 1995). Researchers have not confirmed that witnessing differs from the actual experience of violence, except that "... Perhaps the experience of observing spouse abuse affects children by a less direct route than physical abuse, with cognitive mechanisms playing a greater role in shaping the effects of observing the violence than the effects of being its victim" (Sternberg, et.al., 1993, p. 50).

Some studies have explored the relationship between witnessing violence and experiencing parent-child violence. Whereas both males and females can develop either aggressive or depressive symptomotology (external/internal), when parent-child violence was low, the witnessing of interparental violence had a significant and adverse effect on adjustment (O'Keefe, 1996). O'Keefe theorized by contrast that those who experience violence from a parent directly (i.e. instead of merely being its witness) "...are so preoccupied with their own safety that they are numb to further violence, especially when they are not the direct targets of the violence" (p. 65).

In their review of twenty-nine recent empirical studies dealing with the effects on children of witnessing domestic violence, Kolbo, Blakely, & Engleman (1996) found that these children are "...at risk for maladaptation in one or more of the following domains of functioning: (a)

behavioral, (b) emotional, (c) social, (d) cognitive, and (e) physical" (p. 282). The most significant findings point to a correlation between witnessed violence and emotional and behavioral development. The authors conclude, though, that the "...relationship between witnessing domestic violence and developmental problems is far from clear-cut" (p. 289). Researchers and helpers (counselors, therapists, other support providers) must continue to examine the extent to which violence (witnessed or direct) affects the development of children. Indeed, "...witnessing threats to one's mother, and receiving threats to one's own physical safety, extracts a serious toll on emotional stability...dread of violence might disrupt psychosocial development more than the event itself; the ways children cope with this persistent fear might lead to locked-in patterns of coping in their lives" (McCloskey, et al., 1995, p. 1258).

Viewing the family and child development from other than a linear model, to include different areas of functioning and the variety of internal and external factors that influence the environment are important. Many mediators may be influential, including: frequency and duration of exposure; severity; whether the violence is only verbal, or verbal and physical; whether the child is also abused; age and gender of the witness; perceived and actual maternal stress; family disadvantage; and other stressful life events (Kolbo, et al., 1996). Kashani & Allan in The impact of family violence on children and adolescents (1997) cite current use of a Systems Belief Approach for violent families. The belief systems of families, that may include an acceptance of violence ("my daddy always whooped me"), may actually "...impede a family's ability to solve problems in an effective and nonviolent manner" (p. 11). Kashani & Allan also list additional influences that have an impact on violence: strained marital relations, unwanted pregnancies, crowded living environment, job dissatisfaction, and children with special needs (premature birth, mental retardation, chronic illness, or normal developmental stressors like the "terrible twos") (p. 11).

Some individual characteristics of partners/parents have also be cited as factors in the existence and extent of violence in the home. In terms of family dynamics any of the following may exist: role reversal (parent depends on child to meet needs), parental impulse control

problems (learned from viewing violence in the family of origin), low self-esteem, identity formation problems, defensiveness, and scapegoating. Additionally, dysfunctional communication, again perhaps as a result of family of origin dynamics, creates an environment where individuals have not learned to talk about stress, examine options, or decide on a plan, and therefore the result is physical aggression. Single parenthood, adolescent parents, and "unrelated" adults in the parenting roles have also been found to be contributing factors (Kashani & Allan, p. 12). Probably most startling of all, the most significant predictor of marital aggression is having witnessed violence during one's childhood (Arroyo & Eth, 1995).

Often, witnesses to domestic violence have been forgotten as prevention and intervention has been focused on spouses only. Additionally, family therapists in particular have been accused of colluding with perpetrators (perhaps inadvertently) by focusing on patterns of interaction, hierarchies, family of origin, and other related concepts, depending on their theoretical orientation. Nichols & Schwartz (1998) point out that many family therapists have been challenged in their systems orientation for seeing violence as "...the outcome of cycles of mutual provocation... (and) they themselves might be part of the problem by excusing or minimizing wife-beating" (p. 329). The challenge then becomes to remove our therapeutic "blinders," identify violence at its source (usually the husband/father), hold perpetrators accountable for their actions, and find ways to reach the children who are least witnesses, if not victims of violence. Nichols & Schwartz make an interesting comment that "as family therapists become more sensitive to family violence, they will encounter it more often" (p. 329). Once I was blind, but now I can see.

Assessing children from violent homes

Assessments need to focus on externalizing and internalizing behaviors, as well as social development (Kashani & Allan, 1997). Externalizing behaviors include anger, distress, running away, and physical violence toward others; internalizing behaviors include anxiety, depression, and suicidal ideation. Social development includes the extent of perceived social support, extent of attachment to significant others, and sense of social integrity.

A number of assessments are available, some of which would adapt easily into the school setting. Kashani & Allan (1997) recommend the following assessments for externalizing and internalizing behaviors, social development, and the family unit. Understanding the purpose of each instrument, the extent of reliability and validity, and the relevance for a given client (student) is the professional responsibility of every counselor, including those in the school. For more information and references for these instruments, see Kashani & Allan's The impact of family violence on children and adolescents (1997, p. 57-63).

Child Behavior Checklist. This instrument consists of 113 items rated from 0 (not true) to 2 (very often true). Different forms are available for parents, teachers, and youth self-report. The CBCL has good reliability and validity and can be used to assess a child's actions, social participation, and school performance. Both externalizing behavior and social development can be assessed simultaneously.

O'Leary-Porter Scale. This is a 20 item inventory assessing the frequency of conflict that occurs in front of a child. Specific questions evaluate how often different forms of dissension, such as verbal arguments, sarcasm, or violence are observed by a child.

Child Witness to Violence Interview. Three domains are assessed using 42 items: (a) child's attitudes/beliefs about anger, especially as it relates to the child's concept of violence as an appropriate response to anger; (b) safety skills that the child may or may not have to deal with intrafamilial conflict as it occurs; and (c) self-blame tendencies.

Children's Global Assessment Scale. Designed for children ages 4 to 16, this scale measures the severity of disturbance and adequacy of social function. Scores range from 1 to 100, with 1 being the most disturbed and 100 indicating superior functioning. Normal development would produce a score of at least 70. This scale is broad, and consolidates many aspects of a child's functioning, perhaps serving as good baseline for subsequent evaluations or assessments.

Anxiety Disorders Interview Schedule for Children or Parents. These tools provide insight/diagnoses into childhood disorders, especially internalizing ones. Both have been found

to be reliable and valid for children and adolescents to assess for disorders including depression, post-traumatic stress disorder, and substance abuse.

Multidimensional Anxiety Scale for Children. This instrument assesses four aspects of anxiety: physical symptoms, harm avoidance, social anxiety, and separation anxiety.

The Children's Depression Inventory. The 27 items on this scale each contain three statements, with the child asked to respond to the one that most closely describes them in the past two weeks. Scoring involves rating each statement with a 0, 1, or 2. Out of a total of 54 points possible, a score of 19 or above is considered evidence of clinical depression.

The following two instruments help assess family environment. Kashani & Allan (1997) point out that therapists can observe family behavior during therapy during sessions, but may feel compelled to use one of these instruments in cases where children either remain in, or must return to, violent homes.

Family Environment Scale. A 90 item scale with both parent and child rating forms, this instrument covers several areas of family functioning: cohesion, expressiveness, conflict, independence, achievement, orientation, intellectual-cultural orientation, active-recreational orientation, moral-religious emphasis, organization, and control. This scale has been shown as reliable and valid with good test-retest reliability and internal consistency.

The Family Adaptability and Cohesion Scale III. Two dimensions of family functioning are covered in this 20 item inventory: cohesion and adaptability. "Cohesion is defined as the emotional bonding and individual autonomy of family members, and adaptability is defined as the family's ability to change its relationship rules, role relations, and power structure in response to situational and developmental stress" (Kashani & Allan, 1997, p. 63). Any member of the family can complete the instrument, and it has shown good reliability and validity.

Sternberg, et al. (1993) included both the Children's Depression Inventory and the Child Behavior Check List in their study of the effects of domestic violence on childhood behavior and depression. Use of the CDI showed that children who had witnessed or received abuse had a higher incidence of depressive symptoms. For the CBCL that was completed by parents, the

authors discovered that "...a far greater proportion of the children were deemed in need of clinical intervention on the basis of the mother's reports than on the basis of the children's self-evaluations" (p. 50). This highlights the necessity of not using assessments as the sole criteria for evaluation. Gathering input from multiple people across domains is one of the professional responsibilities of the school counselor.

Sometimes, less formal evaluations are equally effective. Arroyo & Eth (1995) have formulated their own, less structured three stage interview. They aim for a spontaneous and complete exploration of a child's subjective experience, ideally shortly after an event occurs. The therapist begins by building rapport, then has the child tell the story, allowing for fears to be verbalized and for restoration of a sense of self. In closing, the therapist carefully assesses the need for further help, and may then offer a referral to the parent/caretaker (p. 33).

Interventions and the role of the school counselor

Any intervention must be preceded by careful examination by not only the school counselors, but also by teachers and other professionals connected with students. At both the assessment and intervention stages, counselors should enlist the help of others, especially in terms of discovering the extent that potential violence has permeated more than one life domain area (i.e. school, home, community groups) (Sternberg, et al., 1993). Some children may be suffering under a "double whammy" in that they are witnesses and direct victims of abuse (O'Keefe, 1996). While interventions can be made that address both issues, care must be taken not to over emphasize or minimize one in dealing with the other. Cultural considerations must also be included, and "...research should examine family violence in minority groups to better understand those aspects of culture that may have some bearing on children's perceptions or responses to family violence" (O'Keefe, p. 65). Many students may report that violence occurs in their home, and assessments may confirm these reports, yet there may be no noticeable or measurable effect on the child. These children have been referred to as "resilient" and often defy understanding and could possibly be explained in terms of family structure, the extent of interpersonal support, or the nature of interactions between family members (O'Keefe, p.66).

That said, there are several approaches that can be utilized in the school setting aimed at both intervention and prevention. School counselors need to break free of the notion that they cannot connect with families, and plan ways to help move the families towards healthy interactions. Kashani & Allan (1997) suggest that four elements need to be involved: (a) everyone, including the perpetrator, needs to be heard; (b) proper boundaries need to be established; (c) a non-violence contract needs to be implemented with clear safety plans defined for all family members; (d) new problem-solving and communication techniques can be introduced, modeled, practiced and implemented (pp. 77-78). Building positive interactions and social support within the family are key to helping victims break free from the impact of the violence.

Often families will be unable, unwilling, or court-ordered not to interact. In these cases, the school counselor can still work with identified victims, perhaps through the means of support groups that include male and female role models (perhaps a counselor and a teacher as co-leaders). Groups could focus on developing adaptive responses to violence, effective problem solving, examination of current responses to violence, examination of aggression as conflict resolution, and activities that boost self-esteem (Kashani & Allan, 1997). Any intervention can have the long-term goal of preventing intergenerational transmission of violence, sometimes referred to as "cascading pathology" (Personal Communication, Juhnke, 1998).

James (1989) in her book Treating traumatized children: New insights and creative interventions offers many helpful suggestions for therapists. One that seems especially adaptable to the school setting is the "Clay Family" technique. James says it is "...particularly helpful in working with the child's relationships with members of his family. The child is asked to make a representation of each member of his family in clay, without making anyone human" (p. 195). James reports that one adolescent girl depicted her father who had abused her as a zit!

Other useful exercises include the "Garbage Bag" that holds undesirable feelings or events that are discussed and eventually tossed; the "Worry Wall" that helps children identify and quantify concerns by where they are placed on the therapist's wall; or the use of music and

other "Body Work" to both release and reveal pent up emotions and tensions (James, 1989). Any technique must be measured against the therapist's personality, the therapy environment and, most importantly, the needs of the client. My goal as a school counselor is to build a resource file that can be accessed readily as the need arises.

Conclusion

Regardless of the horror that one might feel as a school counselor when hearing stories of violence in homes, we must not shrink away from helping these students. Laws require school counselors to report suspected abuse, yet witnessing violence may not be considered harmful in all cases by Social Services. In other words, formal interventions, if any, may be short-term only and school counselors need tools in order to best serve current and returning students.

Additionally, parents need to be held accountable but also need tools to help them become more effective in their roles. A mother recently sat in my office tearfully wondering how to cope in the aftermath of her family's referral to Social Services. We discussed at length how to handle stress, anger, and expectations of our children in other than violent ways. This was my last contact with her because her family moved to another school district. Was I helpful? I may never know. My hope is that even these mini-interventions, and longer ones, will help unlock healthier patterns of living and coping for those in violent and abusive homes.

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